

# A PLAN FOR ACTION:

## Addressing the Methamphetamine Crisis in Arizona

policy recommendations  
for a comprehensive  
statewide strategy to  
combat methamphetamine

Presented by  
Governor Janet Napolitano's  
Arizona Methamphetamine Task Force



Dear Friends,

Arizona faces a methamphetamine crisis. With your help, we will overcome it.

At the start of my first term as Governor, Arizona's youth were using methamphetamine in record numbers. Over the last four years, we were successful in achieving a dramatic reduction in teen meth use. Although we have made positive strides, methamphetamine remains a grave problem. Meth continues to invade our state, endangering our children and fueling criminal activity. We must act now, with diligence and determination, to win the fight.

To respond to this pressing problem, I convened the Arizona Methamphetamine Task Force, a group of professionals and concerned citizens from across the state. I asked them to share their expertise, their community observations, and their unique perspectives. I instructed them to approach Arizona's methamphetamine problem holistically, focusing equally on enforcement, prevention, and treatment. The Task Force was charged with identifying specific, action-oriented recommendations to eradicate methamphetamine use in Arizona and build safe and healthy communities throughout the state. I am proud to receive this document, the strategic action plan that results from their work.

Methamphetamine is a community problem. It will take everyone in the community to solve the problem. I have always believed in the ability of individual localities to find innovative solutions that meet their unique needs. For that reason, I have supported and funded community methamphetamine coalitions in every county and many of our tribal communities. As we take new action to eliminate methamphetamine in Arizona, we will act in concert with those coalitions and all communities in the state. Working together as One Arizona, we will defeat methamphetamine, and ensure a safe, healthy, and prosperous future for our children.

**GOVERNOR JANET NAPOLITANO**



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## A MESSAGE FROM THE METHAMPHETAMINE TASK FORCE CHAIR

Governor Janet Napolitano appointed the Arizona Methamphetamine Task Force in August 2006 to develop a comprehensive strategic action plan to tackle the state's growing methamphetamine problem. She requested identifiable and specific action-oriented recommendations that would address the following focus areas:

- Prevention and reduction of meth use
- Treatment and rehabilitation of meth users
- Interdiction and enforcement

The Task Force was also asked to expand the existing statewide coalition network for the purpose of developing and maintaining continuous communication among local anti-methamphetamine coalitions and to provide the coalitions opportunities to network and share successes, best practices and resources.

We embraced the Governor's call to action with enthusiasm and commitment.

As the Task Force Chair, I worked to include the diverse voices of all Arizona residents and guide this process in a manner that would ensure that the Task Force recommendations reflect sound evidence-based best practices. My leadership was focused on keeping us on task and ensuring that the Governor would receive our best advice and counsel. I am grateful to the many experts, agencies and organizations that generously contributed their time, expertise and ideas to this complex multidisciplinary effort.

The findings presented in this report are the first steps toward a comprehensive state action plan for combating methamphetamine use in Arizona. This report provides a blueprint for implementing an evidence-based strategy, and represents the Task Force's vision for creating a meth-free state.

The Task Force acknowledges that many other system improvements are needed and must be addressed in the future. Implementation of the Methamphetamine Task Force's recommendations will provide additional opportunities for modification, revision and change in this plan as we learn what is most effective, what works and what does not.

As communities proceed with their implementation of these recommendations, they should refine their strategies based on their own experiences as they confront the methamphetamine problem.

**BARBARA LAWALL**  
**PIMA COUNTY ATTORNEY**





## A PLAN FOR ACTION: Addressing the Methamphetamine Crisis in Arizona

### ACKNOWLEDGEMENTS

Task Forces and Strategic Action Plans do not happen spontaneously. They emerge from the work and passion of individuals committed to providing the best thinking and action for their constituencies.

**Dennis Burke**, Governor Napolitano's Chief of Staff, set a clear course for the Task Force, offering inimitable guidance as they launched their effort to tackle this problem.

**Kim O'Connor**, Director, Division for Substance Abuse Policy, and **Irene Jacobs**, Executive Director and Senior Policy Advisor, Governor's Office for Children, Youth and Families, provided persistent and consistent leadership, keeping the Task Force connected to the Governor's charge and to the timelines necessary for the completion of this important work.

Because this Task Force was asked to examine evidence-based approaches and to examine and utilize current data, it depended heavily on the work of **Carisa Dwyer**.

**Sanzanna Lolis**, former Coordinator of the Methamphetamine Initiative for the Division for Substance Abuse Policy, staffed the Meth Task Force as well as the local meth coalitions. She worked diligently to ensure that the Statewide Meth Summit was organized properly to produce strong policy recommendations. This work could not have been achieved without her efforts.

**Isabel Burruel-Smutzer**, Executive Assistant to the Pima County Attorney, worked closely with staff from the Governor's Office for Children, Youth and Families, and meticulously coordinated all the activities between the chair, the Governor's staff, and the members of the Meth Task Force. Without her help and assistance, the meetings and final strategic action plan report could not have been produced.

A special thank you is sent to child and developmental psychologist and prevention specialist **Dennis Embry**, Ph.D., the President/CEO of PAXIS Institute. Dr. Embry educated and informed the Task Force on the current state of the scientific literature, evidence-based best practices, and the importance of collaboration between science and the practice of prevention. His participation as an ad-hoc member of the Task Force was considerable and invaluable.

Thank you also to **James and Colleen Copple** of Strategic Applications International, Inc., for their expertise, guidance, and assistance in coordinating Task Force meetings, for facilitating the Planning Summit, for surveying, collating, and compiling the Summit recommendations, and for their assistance with drafting this report.

A very special acknowledgement and thanks to the individual members of the **Methamphetamine Task Force** who sacrificed significant personal time and gave freely to educating themselves on this subject in order to create smart and informed recommendations. They were committed to carefully collecting the right data, meticulously assessing the nature of the problem in Arizona, and giving the very best of their thinking to ensure that we would create innovative, cutting-edge, meaningful, and cost-effective strategies to eradicate methamphetamine use in the state of Arizona. The generous contribution of your time, expertise, input, and feedback in creating these Task Force recommendations and this report was invaluable.

Lastly, the **individuals and families** who have experienced the pain of methamphetamine addiction must be acknowledged. Your willingness to speak to us about your experiences in battling this crisis showed courage, and we especially honor those now in recovery, leading lives of meaning and hope.

## GOVERNOR NAPOLITANO'S ARIZONA METHAMPHETAMINE TASK FORCE

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### EXECUTIVE SUMMARY

Over the past decade, Arizona has seen a steady rise in the reporting of methamphetamine-related drugs as the primary illicit drug used by individuals seeking treatment. In 2006, more than three thousand Arizona 8th, 10th, and 12th grade students reported using methamphetamine in the past thirty days. The use of methamphetamine places a disproportionate burden on law enforcement and the treatment and child welfare systems. Meth abuse is not only an Arizona public health crisis, but also a public safety concern, because of the devastation, violence, and crime associated with the manufacture and distribution of the drug.

Recognizing the urgency to combat this growing problem, Governor Janet Napolitano created the Arizona Methamphetamine Task Force to develop and adopt science-based strategies to eradicate methamphetamine use and build safe and healthy communities. Barbara LaWall, Pima County Attorney, chairs the Task Force of concerned citizens and professionals charged to set the course for the state's response to this problem. The Task Force conducted a comprehensive review of the problem, surveyed gaps in programs and data, and hosted a summit to involve citizens and representatives from various sectors who are actively working to address methamphetamine abuse.

The January 2007 summit convened by the Task Force brought together over 400 professionals and members of communities from across the state, including tribal lands. Attendees used their expertise and direct knowledge to provide the Task Force with recommendations on how to address the state's methamphetamine crisis. The Task Force used a comprehensive process, including the review of best practices and current data, to examine promising strategies that will meet Arizona's unique needs. With input from various entities, the Task Force developed 10 priority recommendations, supported by 13 additional recommendations, to be implemented in Arizona within the next few years.

Among the priority recommendations is the vital need to stop the cross-border trafficking of methamphetamine and its precursor chemicals. To achieve this goal, the Task Force recommends that Arizona partner with federal, state, and tribal governments to identify technology, training programs, and intelligence-sharing capabilities to improve the interdiction and inspection process along Arizona's borders and on inter-state methamphetamine trafficking routes. Through multi-system approaches, Arizona must also focus on implementing and supporting active and continuous data collection methods to track meth-related arrest information and sales of pseudoephedrine and other methamphetamine precursor chemicals.

Other priority recommendations include expanding the availability of treatment in Arizona for methamphetamine use and addiction. Methamphetamine is the third most expensive substance for Arizona to treat, and the current demand for treatment exceeds the state's capacity to deliver that treatment. While treatment for methamphetamine addiction is proven to work, research indicates that in order to be effective, treatment must be conducted within a family context and for extended periods of time. Arizona also needs new strategies and resources to improve access to treatment in rural communities and to provide a continuum of care. In order to improve access to substance abuse treatment statewide, the legislature must continue to allocate funds for new treatment facilities and ensure that adult and juvenile offenders have access to services that assist them in reentering the community after incarceration.



The Task Force recommendations reflect Arizona's need for an enhanced prevention strategy. An effective prevention strategy is the most cost-effective method for combating methamphetamine in our state, but it will be successful only as part of a larger comprehensive strategy and anchored in proven, evidence-based models, policies, and practices. As such, the State should determine the most effective evidence-based prevention strategies, including media campaigns, and implement the strategies that will best prevent methamphetamine use. An effective prevention effort must also include screening for high-risk youth and the development of curriculum that will effectively educate children and provide specific life-skills strategies aimed at preventing methamphetamine use. The effort must also include the provision of funding and technical assistance to local anti-methamphetamine coalitions to implement evidence-based prevention strategies.

The use of methamphetamine is not the only risk children face. Some children are exposed, through their caregivers, to clandestine production, use, or trafficking of this illicit substance. The recommendations define the need for more rigorous and collaborative Drug Endangered Children Protocols in all Arizona counties to ensure the safety and health of our children.

Implementing these recommendations will require a coordinating body to oversee these efforts and to hold entities accountable for implementation. The Task Force recommends that the Governor create a Governor's Office of Substance Abuse Policy, and appoint and empower the Director of the Governor's Division for Substance Abuse Policy to coordinate statewide treatment, prevention, and enforcement activities for methamphetamine and substance abuse-related problems. Information sharing will be key to successful implementation of science-based practices. A single State Substance Abuse Council under the direction of the Office of Substance Abuse Policy is needed to create a central clearinghouse to share best practices and disseminate information on evidence-based prevention, intervention, and treatment.

These recommendations are dependent on the commitment of those responsible for implementing them. Fortunately, Arizona already has a vibrant infrastructure of professionals dedicated to preventing the manufacture, trafficking, and use of methamphetamine. These professionals can quickly adopt these recommendations and put them into practice.

Many of these professionals and other stakeholders provided input to this report and influenced the creation of these recommendations. They included: the Governor and her staff; other policymakers; substance abuse prevention, treatment, and mental health professionals; community leaders; law enforcement professionals; and concerned citizens. With the support and work of these dedicated contributors, the recommendations contained in this document can become reality and Arizona can achieve its goal of reducing and eliminating the specter of methamphetamine in our state.





### INTRODUCTION

Methamphetamine is a significant threat to the health and safety of all citizens of Arizona. The production, distribution, and use of methamphetamine is pervasive in Arizona, and combating this insidious crisis requires complex and comprehensive solutions.

In recognition of the need for a comprehensive approach to addressing the methamphetamine crisis in Arizona, Governor Janet Napolitano issued a call to action following the Arizona Methamphetamine Conference in 2006. As a result, community coalitions were formed to fight meth throughout the state, and the Arizona Methamphetamine Task Force was established to develop strategies to respond to methamphetamine's invasion in individual communities and the state as a whole.

The Governor's charge reflected a sense of urgency and the confidence that government and the citizens of the state could develop a response that ensured the health and safety of all Arizonans. This report is the product of an eight-month effort by the Task Force. It presents the principles that have guided the Task Force's deliberations and decisions, identifies top priority recommendations, urges executive action on initiatives that can be implemented now, and provides additional recommendations to be implemented as resources and opportunities become available. All recommendations fall within the scope of the Governor's charge to the Task Force to focus on prevention, treatment, interdiction, and enforcement.

Over an eight-month period, the Task Force spent a great deal of time and energy reviewing the background and history of the State's efforts surrounding methamphetamine and examining data regarding the nature of the methamphetamine problem in Arizona. To this end, the Task Force conducted a gap analysis regarding Arizona data and programs and reviewed promising approaches and evidence-based practices on the most effective strategies for prevention, treatment, interdiction, and enforcement.

Each Task Force meeting included presentations within specific areas of interest for the State. The Task Force reviewed recommended strategies from the Office of National Drug Control Policy, reviewed the Conference Report from the Arizona Methamphetamine Conference in 2006, reviewed findings from a regional summit held in Salt Lake City, heard reports about the devastation methamphetamine is causing on tribal lands, and listened to compelling and moving stories of individuals in recovery and the challenges of finding affordable and accessible treatment.

*"The impact of meth on every part of the community -- not just law enforcement, but schools, health care providers and businesses -- cannot be overstated. We need to be persistent in our fight against meth. We cannot afford to lose an entire generation of Arizonans to this destructive and deadly disease, and we must do everything we can to protect Arizona's children from the dangers of methamphetamine."*

**Governor  
Janet Napolitano**

In January 2007, the Governor's Task Force hosted a strategic planning summit at which more than 400 stakeholders from all professional, community, and tribal sectors generated preliminary recommendations on how to address and overcome the State's methamphetamine problem. The Summit produced numerous innovative and creative recommendations from the following domains: law enforcement and prosecution; treatment; prevention and education; child welfare; courts, probation, and parole; environmental cleanup; media and public awareness; and faith-based, community, and non-profit organizations.

The summit recommendations are vital, as they gave the Task Force members a picture of Arizona's individual community methamphetamine problems as experienced by citizens and professionals working to combat methamphetamine. This key information provided a framework to understand the barriers to resolving those problems and the solutions that could result. The summit had a significant influence on the outcomes and recommendations provided to the Governor in this report.

The ultimate role of the Task Force is to recommend strategies and steps for change. These recommendations are our strategies. With political will and commitment to action, Arizona can take decisive action to turn back methamphetamine in our homes and communities.

*"More than any other drug, methamphetamine has insidiously affected every Arizona community and every neighborhood. The magnitude of our meth problem is considerable. This plan is a blueprint for strategic action that contains proven evidence-based and scientifically sound recommendations for prevention, intervention, treatment and enforcement. These are our strategies. They must now become our commitments."*

**Barbara LaWall,  
Pima County Attorney  
Chair,  
Methamphetamine  
Task Force**



### THE NATURE AND EXTENT OF ARIZONA'S METHAMPHETAMINE PROBLEM

Methamphetamine use is not restricted to any one population group or geographical area. However, higher use is reported within the 18- to 25-year-old age group. According to the National Survey on Drug Use and Health, each year from 2002 to 2005 approximately 1.3 million persons (0.6 percent of the total population aged 12 or older) used methamphetamine. Further, young adults aged 18 – 25 were more likely to use methamphetamine in the past month (0.6 percent) than youth aged 12 – 17 (0.3 percent) and adults 26 and older (0.1 percent). This national survey also revealed that 10.4 million persons of the total population aged 12 and older (4.3 percent) reported using methamphetamine one or more times in their lives.

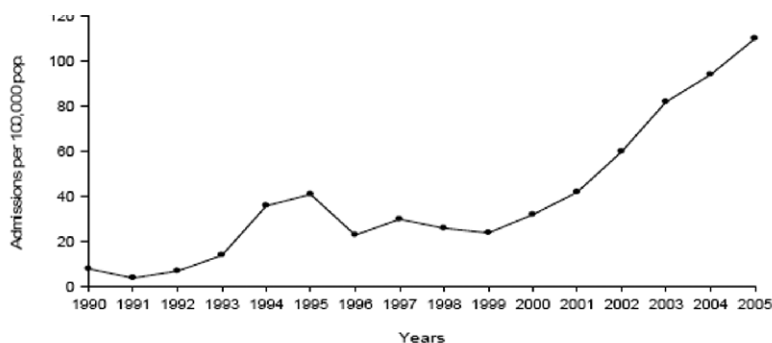
Arizona data mirrors the national data in many ways. According to the Methamphetamine, Cocaine, and Heroin/Opioid Hospital Admissions in Arizona: Trends and Regional Variations (1990-2005) report, methamphetamine-related admissions increased 296 percent during 2000 – 2005, from 1,649 admissions to 6,528. In fact, 110 of every 100,000 people were admitted for methamphetamine in 2005—twice the highest rate measured in the 1990s. In just one year, from 2004 to 2005, methamphetamine-related hospital admissions increased by 20 percent. Another disturbing finding reported in the Arizona Alliance for Drug Endangered Children Program October 1, 2005 to September 30, 2006 Report is that children living in or exposed to a meth lab or in a home where meth is used are often found playing with bottles containing methamphetamine ingredients or in cribs placed next to cooking implements; some have been burned from exposure.

A profile released by the Statewide Substance Abuse Epidemiology Workgroup indicated that methamphetamine is the fifth most commonly used illicit drug among people aged 12 and older in Arizona. Using the results of the 2006 Arizona Youth Survey, 1.3 percent of 8th, 10th, and 12th grade students (a total of 3,278 Arizona youth) are estimated to

*“Arizona stands poised to make a significant contribution to a bright and healthy future for our state by breaking the cycle of alcoholism and addiction in our communities. Methamphetamine addiction is an issue we cannot afford to ignore and an issue we must address together.”*

**Christina Dye,  
Division Chief  
Clinical and  
Recovery Services  
Department of  
Health Services**

**Methamphetamine Hospital Admissions per 100,000 persons:  
Arizona (1990 – 2005)**



have used methamphetamine in the past month. In addition, of the admissions to Arizona's public treatment system, admissions for amphetamines (including methamphetamine use) in 2005 were the highest at 12.3 percent. Further, the Arizona Department of Health, in the Statewide Substance Abuse Utilization Management 2006 Report, indicates that methamphetamine users consume more treatment services than alcohol users, even though approximately 20 percent more alcohol users are in the public treatment system than methamphetamine users.

The above summary reflects only a snapshot of the data available related to methamphetamine use and related challenges. The Task Force recommends that the State Epidemiological Workgroup continue to collect and analyze methamphetamine-specific data to drive decisions related to policy, programming, and funding.

## ARIZONA'S CURRENT RESPONSE TO THE METHAMPHETAMINE CRISIS

Communities throughout Arizona have witnessed the devastation, violence, and increasing crime associated with the manufacture, distribution, and use of methamphetamine. As a result, a number of innovative and creative steps have been taken to fight and abate the problem locally, as well as statewide.

Twenty-two local coalitions were formed throughout the state and supported by the Governor's Anti-Methamphetamine Initiative with funding from the Arizona Parent's Commission on Drug Education and Prevention. Significant state resources are currently committed to supporting these coalitions to develop and implement community-based environmental prevention strategies. The Governor has paved new ground by providing over \$500,000 of funding and technical support to each county and many tribal communities in 2006, to develop coordinated and comprehensive local responses to methamphetamine. One of those coalitions, the Northeast Valley Coalition Against Methamphetamine, was presented with a certificate of commendation from the Office of National Drug Control Policy recognizing the coalition's methamphetamine prevention and education efforts.

Arizona continues to adopt innovative policies, practices, and community-based actions that transform the way the state responds to the methamphetamine crisis. The state has the unflagging commitment of the Governor and the Attorney General, as well as the support of other local elected officials and policymakers, in the development of a strategic action plan that will have traction as it moves forward. Emphasis is placed on data-driven decision-making, research, and evidence-based practices, sound and tested policy, and fiscal accountability.

*"Law enforcement recognizes that the impact of methamphetamine reaches beyond solutions that we can bring alone. The negative impact on our citizen's quality of life is a community problem that requires a community solution. New models of prevention, treatment, enforcement and coalition building must be involved to ensure community safety. Public service includes asking what can I contribute, who can I partner with, and how can we best serve the community's common goals."*

**Captain David Neri,  
Commander  
Pima County/Tucson  
Metropolitan Counter  
Narcotics Alliance**



## A PLAN FOR ACTION: Addressing the Methamphetamine Crisis in Arizona

*"The Governor's Methamphetamine Task Force recognized the need for a multi-disciplinary approach to combat methamphetamine in Arizona. By engaging leaders from prevention, treatment, and enforcement communities as well as citizens throughout Arizona, we have developed a Plan for Action to combat methamphetamine. The collective disciplines must now work together to comprehensively implement that action plan."*

**Kim O'Connor,  
Director  
Division for Substance  
Abuse Policy  
Governor's Office**

A number of communities have developed policies and programs to respond to this crisis:

- In 2006, Bishop Kincanis held a town meeting in Tucson that generated an active group of 400 volunteers and 12 active neighborhood coalitions acting to eradicate methamphetamine in Pima County under the auspices of the Meth Free Alliance. The Meth Free Alliance developed a public awareness media campaign with television, radio and print media, and the Office of National Drug Control Policy Director John Walters gave their program national recognition in 2006.
- The Arizona Department of Health Services established the Best Practices Center of Excellence at the following regional behavioral health authorities: Value Options at Community Bridges; Community Partnerships of Southern Arizona at La Frontera and Compass Health; Gila River Indian Community; and Cenpatico. One of the primary goals for these centers is to implement evidence-based practices with known efficacy in treatment of stimulant use disorders.
- The Arizona Department of Economic Security and the Arizona Department of Health Services jointly administer Arizona Families FIRST (Families In Recovery Succeeding Together), which offers a comprehensive continuum of community-based substance abuse treatment services to identified at-risk families.
- The Meth and Kids Task Force was established in 2000 by Janet Napolitano, then Arizona Attorney General, to address problems associated with methamphetamine production in homes with children, through a coordinated response by prosecutors, law enforcement, Child Protective Services, and medical personnel.
- Under Arizona Attorney General Terry Goddard, The Meth and Kids Task Force was renamed the Arizona Drug Endangered Children (DEC) Program in 2003. The goal of the DEC program is to coordinate the social, medical, and legal aspects of cases in which children are affected. The Arizona Attorney General's Office provides leadership, training, technical assistance, and program coordination for Arizona jurisdictions interested in implementing a multi-disciplinary approach to handling cases of children exposed to methamphetamine. Three Arizona counties have developed and adopted formal DEC protocols.
- Arizona Attorney General Terry Goddard has advocated for legislation restricting access to pseudoephedrine and other precursor chemicals used to manufacture methamphetamine. More than 46 Arizona cities have successfully passed more stringent local ordinances to further restrict precursor sales by requiring retail stores selling pseudoephedrine to require identification and to document purchases.

- In 2006, Governor Napolitano signed House Bill 2554, which appropriated \$2.5 million to fund drug and alcohol abuse services and prevention programs through regional behavioral health authorities. The bill also appropriated \$2 million to Arizona Families FIRST for increased treatment services, \$500,000 to the Department of Health Services for methamphetamine abuse prevention services, and \$3 million to be distributed to county boards of supervisors—much of which will be spent on the Arizona Meth Project.
- The Arizona Meth Project, a media campaign based on the Montana Meth Project and intended to raise awareness about methamphetamine, debuted in April. The Project is funded through House Bill 2554, which earmarked funds to counties for "increased methamphetamine interdiction efforts including investigation, training, prosecution, abuse treatment, or education programs." The Project also receives funding from the Maricopa County general fund, the Attorney General's Office Racketeering Influenced Corrupt Organizations (RICO) fund, and private funds.





### RECOMMENDATIONS

Arizona has taken important steps to address issues related to methamphetamine use. The significant challenges still posed by the production, distribution, and use of methamphetamine will require renewed efforts by our citizens and a commitment to implement evidence-based solutions. As previously noted, the recommendations developed by the Task Force build upon an impressive foundation of existing actions to address this crisis.

The Task Force's recommendations are grounded in the strategic goals established by the Governor. These goals have shaped and defined the work of the Task Force and will guide the action steps necessary for implementation. These goals set the framework for all recommendations:

- To share effective solutions in prevention, intervention, treatment, and enforcement with every Arizona community and to enable every family, citizen, and organization to participate in developing effective solutions.
- To develop collaborative efforts among treatment, intervention, prevention, and law enforcement systems to assess and address the impact of methamphetamine statewide.
- To develop community-driven, grassroots statewide policy recommendations sensitive to the needs of Arizona's diverse communities.
- To measure and celebrate our successes and to quickly change, modify, and eliminate ineffective policies and practices.

The Task Force identified 23 recommendations promoting comprehensive strategies to respond to the methamphetamine crisis. The recommendations focus on the general themes of prevention, treatment, and enforcement, with additional recommendations specific to environmental cleanup and the workplace. From this set of 23 recommendations, the Task Force identified 10 top priority recommendations that should immediately drive policy, program, and funding decisions by local and state policymakers. These top priority recommendations reflect what the Task Force believes will have the greatest impact on the health and safety of the citizens of Arizona. They are excerpted on page three of this report, and identified in the expanded recommendations below. Action steps follow each recommendation.



## PREVENTION

*Goal: Prevent methamphetamine use by creating a collaborative, community-based approach to planning and program implementation and by developing integrated, evidence-based strategies.*

### RECOMMENDATIONS:

#### 1. Create a single point of contact to orchestrate the statewide planning and delivery of services specific to methamphetamine.

##### ACTION STEPS

- a. Appoint the Director of the Governor's Division of Substance Abuse Policy to coordinate statewide planning by creating the Governor's Office of Substance Abuse Policy and empowering it to act as a single point of contact. *Governor's Office.*
- b. Empower one single State Substance Abuse Council to report to the Director of the Office of Substance Abuse Policy on effective solutions to prevent, intervene with, and treat methamphetamine abuse and related problems and to orchestrate local planning and delivery of community services specifically related to methamphetamine. *Governor's Office.*
- c. Create a central clearinghouse to share best practices; disseminate information on evidence-based prevention, intervention, and treatment options; and provide grassroots strategic direction to the State Substance Abuse Council and local substance abuse coalitions. *State Substance Abuse Council.*
- d. Conduct coordinated data collection among all state and county agencies for the purpose of producing an annual report assessing the nature and depth of the methamphetamine problem in Arizona; producing a quarterly report card on the status of prevention, treatment, and enforcement outcome indicators; and through justice mapping, identifying targeted impact areas for funding. *State Epidemiological Workgroup.*

### GUIDING PRINCIPLES FOR EFFECTIVE PREVENTION

*National Institute on Drug Abuse*

- Prevention programs should enhance protective factors and reverse or reduce risk factors.
- Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs; the use of illegal drugs; and the inappropriate use of legally obtained substances, prescription medications, or over-the-counter drugs.
- Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.
- Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.
- Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting.

Additional Guiding Principles are available in Appendix A.



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### 2. Fund site-based prevention specialists to enhance the capacity of school districts to engage in community-wide prevention efforts.

#### ACTION STEPS

- a. Distribute and implement evidence-based screening tools to assess students at high risk of developing substance abuse addiction. *Department of Health Services, in partnership with the Department of Education.*
- b. Empower local schools to identify and implement age-appropriate, evidence-based training and educational materials that meet the needs of children exposed to or at risk of harm to reduce their risk of addiction. *Department of Education.*

### 3. Promote the use of evidence-based media campaigns to reduce the production and use of methamphetamine.

#### ACTION STEP

- a. Review the best and most effective evidence-based media strategies to determine which approach can best reach the goal of preventing methamphetamine use in the State of Arizona. *Governor's Division for Substance Abuse Policy.*

### 4. Identify and implement evidence-based prevention strategies to prevent high-risk populations from using methamphetamine.

#### ACTION STEP

- a. Provide funding and technical assistance to each of the state's anti-methamphetamine coalitions to implement evidence-based prevention strategies. *Governor's Division for Substance Abuse Policy.*

### 5. Implement and support continuous data collection methods to track pseudoephedrine sales and methamphetamine-related arrest information through multi-system approaches.

#### ACTION STEPS

- a. Implement the Arizona Arrestee Reporting Information Network (AARIN) in all county jails and detention facilities to collect and analyze arrestee drug use data to provide local communities with an understanding of drug-involved arrests and crimes. *County sheriffs and city police chiefs, in consultation with the Department of Public Safety.*
- b. Implement and fund an electronic tracking and monitoring system for all retail pharmacy stores to track pseudoephedrine sales throughout Arizona. *Department of Public Safety, in partnership with the Maricopa County High Intensity Drug Trafficking Area Meth Lab Task Force.*
- c. Enact statutes mandating the electronic tracking of pseudoephedrine purchases. *State Legislature.*

## **6. Expand the reach of Drug Endangered Children Protocols to all communities and tribal governments.**

### **ACTION STEPS**

- a. Ensure that all communities and tribal governments are provided with the training and technical assistance needed to implement Drug Endangered Children (DEC) Protocols to ensure the safety of all Arizona children. *Local governments, in partnership with the State.*
- b. Conduct an assessment of the implementation of current Drug Endangered Children Protocols and encourage implementation of DEC protocols in jurisdictions where they currently do not exist. *Attorney General's Office.*
- c. Provide necessary technical assistance and training in all jurisdictions and communities where DEC protocols are not currently utilized. *Attorney's General's Office, in partnership with law enforcement organizations, the High Intensity Drug Trafficking Area Task Force, and the Department of Economic Security.*
- d. Develop long-term strategies for continued follow-up with Drug Endangered Children. *Attorney General's Office; Department of Economic Security; Department of Health Services; Department of Education.*

## **7. Publicize and honor specific, replicable prevention, intervention or treatment programs that could meet the strategic goals of the Methamphetamine Task Force, if widely adopted, implemented, and maintained.**

### **ACTION STEPS**

- a. Promote "Truth and Reconciliation" events to acknowledge the damage of substance abuse and the need for healing for communities, families and victims. *Governor's Office, in collaboration with tribal leadership.*
- b. Promote strategies to reduce the stigma associated with addiction, and advance the concept that drug abuse is a treatable addiction. Recognize those in recovery and distinguish specific individuals through the establishment of sobriety awards. *Governor's Office.*
- c. Create a series of "Best Practices" awards, recognizing innovative and creative strategies employed by law enforcement, prosecution, communities, businesses, schools, and citizens to impact methamphetamine use. *Relevant state agencies.*



### **8. Identify those most at risk for becoming methamphetamine users, and target its prevention and education resources primarily at this population.**

#### ACTION STEPS

- a. Implement and expand, through the behavioral health system, evidence-based practices that reduce symptoms associated with risk of using methamphetamine. *Department of Health Services – Division of Behavioral Health Services.*
- b. Implement and expand, through the behavioral health system, evidence-based, low-cost contingency management interventions developed by NIDA that reduce methamphetamine and other drug use among chronically mentally ill or methadone clients. *Department of Health Services – Division of Behavioral Health Services.*
- c. Implement and expand, through the provisions of the revised federal regulations regarding special education services, evidence-based strategies that reduce the developmental predictors of methamphetamine and related drug use among pre-K through 12 populations. *Department of Education, in partnership with the Department of Economic Security.*
- d. Create age-appropriate materials to help children identify available resources and identify whom they can turn to for guidance and support if they are exposed to methamphetamine in their family or community. *Department of Health Services, in partnership with the Department of Education.*
- e. Continue to develop an instrument or tool to document methamphetamine use and history by clients in the Child Protective Services system. *Department of Economic Security.*

### **9. Call for the State Legislature to establish a methamphetamine caucus by the next legislative session to review current research and best practices in prevention, intervention, treatment and enforcement.**

## TREATMENT

*Goals: Address the myth that methamphetamine addiction cannot be treated. Enhance Arizona's capacity to respond to the increasing demand for methamphetamine treatment and to ensure immediate placement in treatment facilities and programs, thereby reducing the harm to users, families, and communities.*

### RECOMMENDATIONS:

#### 1. Expand treatment services for adult and juvenile methamphetamine-related offenders.

##### ACTION STEPS

- a. Seek state, federal, and/or private funding to increase the number of drug courts available throughout the state, as well as mental health courts and family drug courts. *Administrative Office of the Courts, in partnership with the Department of Health Services.*
- b. Ensure that strong case management interventions are practiced for drug-involved families. *Department of Economic Security – Division for Children, Youth and Families, in partnership with the Administrative Office of the Courts.*
- c. Provide focused, evidence-based methamphetamine and other drug prevention and treatment to juveniles and adults incarcerated in Arizona. *Department of Corrections; Department of Juvenile Corrections.*

#### 2. Develop a framework to improve access to substance abuse treatment statewide.

##### ACTION STEPS

- a. Create and fund treatment alternatives to incarceration. *Department of Health Services.*
- b. Ensure that adults and juveniles have access to reentry treatment services for meth once released from county jails, tribal jails, and state prisons. *Department of Health Services; Department of Corrections; Department of Juvenile Corrections; Administrative Office of the Courts.*
- c. Continue to allocate funds for the construction and operation of new treatment facilities (including rural and tribal locations) to ensure immediate access and reentry for methamphetamine and related drug treatment. *State Legislature.*

### GUIDING PRINCIPLES FOR EFFECTIVE TREATMENT

*National Institute on Drug Abuse*

- No single treatment is appropriate for all individuals.
- Treatment needs to be readily available.
- Effective treatment attends to multiple needs of the individual, not just his or her drug use.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
- Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
- Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

Additional Guiding Principles available in Appendix A.



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- d. Continue to enhance and improve access to family centered treatment statewide. *Department of Health Services.*

**3. Continue to conduct research through Governor's Office, the Department of Health Services, and the Meth Centers for Excellence on effective treatment strategies for methamphetamine use, abuse, and addiction and recommend ways to expand evidence-based strategies to improve and increase treatment.**

## LAW ENFORCEMENT, PROSECUTION, AND COURTS

*Goal: Effectively interdict and disrupt the production, importation, and distribution of methamphetamine through collaborative multi-jurisdictional partnerships, improved information sharing, and expanded collaborations with schools, social services providers, public health officials, first responders, and federal, state, local, and tribal law enforcement organizations.*

### RECOMMENDATIONS:

#### 1. Reduce trafficking of methamphetamine and its precursor chemicals.

##### ACTION STEPS

- a. Call on the federal government to aggressively pursue a plan to develop an enhanced chemical control system that quickly implements more stringent and effective inspections of incoming conveyances for methamphetamine and its precursor chemicals. *Governor's Office.*
- b. Enhance enforcement efforts throughout Arizona through heightened partnerships among state, local, tribal, and federal authorities to interdict and seize precursor chemicals, methamphetamine and other drugs, and drug proceeds in an effort to disrupt and impact major drug trafficking organizations utilizing Arizona highways and borders as drug transportation routes. *Relevant law enforcement agencies.*
- c. Identify new technology, training programs, and intelligence sharing capabilities to improve the efficiency of the inspection process and drug interdiction. *Governor's Office of Homeland Security, in partnership with federal, state, and tribal governments.*

**2. Replicate, in the Department of Public Safety and other law enforcement agencies, community-based narcotics intelligence efforts at data collection, data analysis, and information dissemination to facilitate and prioritize methamphetamine interdiction efforts at the local level.**

**3. Facilitate, at the Department of Public Safety and other law enforcement agencies, law enforcement and other research-based interventions by promoting early detection and warning systems that identify emerging methamphetamine and other synthetic drug problems.**

### GUIDING PRINCIPLES FOR EFFECTIVE DRUG DEMAND REDUCTION

*United Nations*

- There shall be a balanced approach between demand reduction and supply reduction, each reinforcing the other, in an integrated approach to solving the drug problem;
- Demand reduction policies shall:
  - Aim at preventing the use of drugs and at reducing the adverse consequences of drug abuse;
  - Provide for and encourage active and coordinated participation of individuals at the community level, both generally and in situations of particular risk, by virtue of, for example, their geographical location, economic conditions or relatively large addict populations;
  - Be sensitive to both culture and gender;
  - Contribute to developing and sustaining supportive environments.





## **A PLAN FOR ACTION:** Addressing the Methamphetamine Crisis in Arizona

- 4. Develop, in local drug courts and with prosecutors and probation officials, alternatives to prison programs for methamphetamine-addicted offenders, combat pervasive methamphetamine use through comprehensive drug testing and diversion into treatment of arrestees who test positive for methamphetamine or other substances, and develop and promote “recovery sentencing” programs.**
- 5. Protect and provide for the safety of methamphetamine-exposed children in the courts by creating and enforcing specialized conditions of pre-trial release for all methamphetamine offenders with children in the home.**
- 6. Provide for the safety of methamphetamine-exposed children by creating, through courts and probation departments, specialized supports for offenders placed on probation with children in their homes.**
- 7. Target funding for prosecution of methamphetamine-related crimes in hotspot, meth-impacted areas.**

## ENVIRONMENTAL CLEANUP

*Goal: Reduce the environmental impact on homes, businesses, and neighborhoods harmed by methamphetamine use, distribution, and manufacturing by rendering methamphetamine-affected properties clean, habitable, and environmentally safe.*

### RECOMMENDATIONS:

**1. Implement an immediate response system to clandestine meth lab sites and other methamphetamine-affected properties to reduce the negative environmental impact of methamphetamine.**

- a. Expand the number and availability of contractors to implement cleanup of hazardous meth-affected properties and to handle follow-up inspection to ensure that the property has been properly remediated, with an emphasis on rural and tribal communities. *Board of Technical Registration.*
- b. Strengthen Arizona Revised Statute §12-1000 to hold individuals accountable for the remediation of meth-affected properties condemned for exposure to methamphetamine. *State Legislature.*

**2. Work with Congress on federal legislation and draft model state legislation and ordinances to support speedy and effective property cleanup to include timelines and to clarify and define liability.**

**3. Develop training at the Board of Technical Registration that is specifically focused on the cleanup and remediation of clandestine methamphetamine labs and methamphetamine-affected properties for landlords and property managers.**



### THE WORKPLACE

*Goal: Reduce the burden that employers bear due to methamphetamine use by eliminating use among current employees and by ensuring that current and future employees are free of addictive risks and related health or safety complications.*

#### **WORKPLACE RECOMMENDATION:**

**1. Develop, through an Employer Advisory Sub-Committee to the State Substance Abuse Council, strategies that increase drug-free workplaces and changes in state workforce policies that would maximize rapid treatment of employees who are currently using methamphetamine or other drugs.**

## CONCLUSION

Methamphetamine is a critical threat to Arizona and the citizens of Arizona. The disproportionate effect of methamphetamine on child welfare and criminal activity has caused harm beyond that generated by most drugs. The economic and social impact of methamphetamine on our state demands significant and far-reaching policy changes that will turn back the tide of this crisis.

The recommendations presented in this report will build on the work already started by Governor Napolitano and communities around the state. In every Arizona county and many tribal communities, community coalitions have already begun the battle against methamphetamine with financial support and technical assistance provided by the Governor's Office. Their efforts will only be enhanced by the action steps that follow from our recommendations.

This report—A Plan for Action—is so named because it will be defined by the action it initiates. This document is not cause for pondering or equivocation. It is a catalyst for change that demands immediate response. For that reason, the Task Force has accompanied our priority recommendations with action steps that provide clear goals and measurable outcomes. They represent vital transformations, like strengthening our borders with enhanced partnerships among federal, state, and local authorities, and unifying efforts from across our state through the creation of an Office of Substance Abuse Policy. To ensure the success of the changes we have recommended, this report also clearly identifies whose effort is required to turn this plan into positive results for Arizona's future.

The charge, then, is placed to the reader of this report. The goal we share—reducing and eliminating the harm that meth inflicts on our communities—can be achieved only through the cooperative and creative work of everyone affected by methamphetamine. Though the plan for action is clear, its success depends on active leadership and collaboration from tribal communities, state agencies, cities, counties, local coalitions, private businesses, and the federal government. The members of the Task Force have no doubt that these communities will rise to that challenge.

To ensure a safe, healthy, and prosperous future for all Arizonans, we must join together and turn back methamphetamine in our communities. The Arizona Methamphetamine Task Force has consulted experts in prevention, treatment, intervention, and enforcement communities. We have examined all available data, the best practices currently at work, and innovative new strategies for tackling the challenge at hand. That path has brought us to this Plan for Action. With your help, this Plan For Action will lead to action taken, and through that work Arizona will win the fight against methamphetamine.



### APPENDIX A GUIDING PRINCIPLES

#### National Institute on Drug Abuse Prevention Principles

These principles are intended to help parents, educators, and community leaders think about, plan for, and deliver research-based drug abuse prevention programs at the community level. The references following each principle are representative of current research.

#### RISK FACTORS AND PROTECTIVE FACTORS

1. Prevention programs should enhance protective factors and reverse or reduce risk factors.
  - The risk of becoming a drug abuser involves the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviors) and protective factors (e.g., parental support).
  - The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent.
  - Early intervention with risk factors (e.g., aggressive behavior and poor self-control) often has a greater impact than later intervention by changing a child's life path (trajectory) away from problems and toward positive behaviors.
  - While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment.
2. Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.
3. Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors.
4. Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.

#### FAMILY PROGRAMS

5. Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information. Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement.
  - Parental monitoring and supervision are critical for drug abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules.

- Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances.
- Brief, family focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse.

## SCHOOL PROGRAMS

6. Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.

7. Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills:

- self-control;
- emotional awareness;
- communication;
- social problem-solving; and
- academic support, especially in reading.

8. Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills:

- study habits and academic support;
- communication;
- peer relationships;
- self-efficacy and assertiveness;
- drug resistance skills;
- reinforcement of anti-drug attitudes; and
- strengthening of personal commitments against drug abuse.

## COMMUNITY PROGRAMS

9. Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community.

10. Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.

11. Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting.



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### PREVENTION PROGRAM DELIVERY

12. When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention, which include:

- Structure (how the program is organized and constructed);
- Content (the information, skills, and strategies of the program); and
- Delivery (how the program is adapted, implemented, and evaluated).

13. Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school.

14. Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding.

15. Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.

16. Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to \$10 in treatment for alcohol or other substance abuse can be seen.

### National Institute on Drug Abuse Treatment Principles

1. No single treatment is appropriate for all individuals. Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

2. Treatment needs to be readily available. Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.

3. Effective treatment attends to multiple needs of the individual, not just his or her drug use. To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.

4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs. A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness. The appropriate duration for an individual depends on his or her problems and needs. Research indicates that



for most patients, the threshold of significant improvement is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction. In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with co-occurring alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (such as patches or gum) or an oral medication (such as bupropion) can be an effective component of treatment. For patients with mental disorders, both behavioral treatments and medications can be critically important.

8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way. Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use. Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.

10. Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

11. Possible drug use during treatment must be monitored continuously. Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection. Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.



### APPENDIX B RESOURCES

#### **Drug Abuse Warning Network**

NCADI  
PO Box 2345  
Rockville, MD 20847-2345  
800-729-6686  
800-487-4889 (TDD)

#### **Drug Enforcement Administration Office of Intelligence Liaison and Policy**

Intelligence Division  
Washington, DC 20006  
202-301-8265  
[www.dea.gov](http://www.dea.gov)

#### **Join Together**

441 Stuart Street, Seventh Floor  
Boston, MA 02116  
617-437-1500  
[www.jointogether.org](http://www.jointogether.org)

#### **Office of National Drug Control Policy Clearinghouse**

PO Box 6000  
Rockville, MD 20849-6000  
800-666-3332  
[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

#### **National Criminal Justice Association**

[www.sso.org/ncja](http://www.sso.org/ncja)

#### **CADCA**

Community Anti-Drug Coalitions of America  
625 Slaters Lane, Suite 300  
Alexandria, VA 22314  
1-800-54-CADCA  
[www.cadca.org](http://www.cadca.org)

#### **U.S. Department of Justice**

800-851-3420  
[www.ojp.usdoj.gov](http://www.ojp.usdoj.gov)

#### **National Institute on Drug Abuse**

5600 Fishers Lane  
Rockville, MD 20857  
800-729-6686  
[www.nida.nih.gov](http://www.nida.nih.gov)

#### **Arizona Prevention Resource Center**

ASU, Downtown Phoenix Campus  
542 E. Monroe St., Mercado Bldg. D  
Phoenix, AZ 85004-2352  
480-727-2772  
[www.azprevention.org](http://www.azprevention.org)

#### **Governor's Office for Children, Youth and Families**

Division for Substance Abuse Policy  
1700 West Washington, Suite 101  
Phoenix, AZ 85007  
602-542-3456  
[www.azgovernor.gov/cyf/SAP](http://www.azgovernor.gov/cyf/SAP)

#### **State of Arizona**

Department of Health Services  
150 N. 18th Avenue  
Phoenix, AZ 85007  
602-542-1025  
[www.azdhs.gov](http://www.azdhs.gov)

#### **SAMHSA's National Clearinghouse for Alcohol and Drug Information**

PO Box 2345  
Rockville, MD 20847-2345  
800-729-6686  
[www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)

#### **Center for Substance Abuse Prevention**

301-443-8956  
[www.prevention.samhsa.gov](http://www.prevention.samhsa.gov)

#### **Center for Substance Abuse Treatment**

800-662-HELP (4357)  
800-487-4889  
[csat.samsha.gov](http://csat.samsha.gov)

## APPENDIX C

### EMERGING STRATEGIES

While the strategies put forth thus far in this report represent the recommendations of this Task Force, other emerging strategies in the fight against methamphetamine should be monitored for scientifically measured success. Among these, the Task Force notes two:

- The usage of nutritional supplements to treat and support targeted populations, including groups such as young mothers suffering from post-partum depression;
- The usage of passive environmental testing in public areas and buildings, including schools, to provide additional information for the assessment and formation of risk and prevention strategies.